1. Admit Methodist Behavioral Health per Dr. _________

2. Notify physician of patient’s arrival

3. Precaution Checks:
   - [ ] one to one observation
   - [ ] every 15 minutes
   - [ ] every 30 minutes
   - [ ] every 60 minutes

4. Labs: CMP, TSH, CBC with differential, serum
   - pregnancy test for women ages 18-50 (except for post hysterectomy or post menopause), sickle cell screen
   - (black race only), T4, RPR, UA, Urine drug screen
   - including marijuana, observed with chain of custody.
   - Obtain Lithium level in AM if patient on Lithium.

5. Vital signs BID x 3 days then daily unless patient is being detoxed then VS QID x 72 hours then daily when stable

6. Weigh patient on admission then once per week except for Eating Disorder patients, weigh biweekly

7. Regular diet unless otherwise specified

8. Meds:
   - [ ] Acetaminophen (Tylenol) 650 mg PO q 4 hours PRN headache (MAX: 4 gm in 24 hours)
   - [ ] Aspirin 650 mg PO q 4 hours PRN headache
     (MAX: 4 gm in 24 hours)
   - • Diphenhydramine (Benadryl) [ ] 25 mg OR [ ] 50 mg
     PO or IM q 3 hours x2 PRN for extrapyramidal symptoms, Notify MD of above.
   - [ ] Laxative of choice per protocol
   - [ ] Antacid of choice per protocol

9. Visitors and telephone privileges per unit protocol

10. Off unit for procedures with staff after nurse determines appropriateness per unit protocol

11. Clinical adjunctive therapy if deemed appropriate by treatment team

HT: _____________ cm
WT: _____________ kg
ALLERGIES: ___________________________
**BEHAVIORAL HEALTH ORDERS**

HT: ____________ cm  
WT: ____________ kg  
ALLERGIES: ________________________________

<table>
<thead>
<tr>
<th>DATE &amp; TIME</th>
<th>PHYSICIAN’S ORDERS AND DIET</th>
<th>DATE &amp; TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Room search PRN if deemed necessary by treatment team</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Old chart to floor if applicable</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Psychosocial history/assessment</td>
<td></td>
</tr>
</tbody>
</table>
| 15.         | Patient may smoke per **Exception** to Methodist  
Le Bonheur Healthcare Smoking Policy #11-65-114  
[ ] Yes [ ] No |
| 16.         | Psychotherapy |

**PROGRESS RECORD**

Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.

**Physician Signature:** ______________________________

**Physician ID#** ______________________________